ANAMOND Rev. 4/59 Re		MI	SSC	U	RI	Dľ	VIS	ION OF HEA	LTH - STAND	ARD CERT	IFICATE O	F DEATH	.,	26 3	3-02	267	79
1. PLACE OF DRAMY COUNTY STATE COUNTY CO	DO NOT WRITE	". E	A	MEN	DED		Re	eglatration District No.	3/7 Prin	nary Registration Di	strict No. 54/	/ Registrar's No.	1706		STATE FI	LE NUMB	ER
Both Color		<u> </u>	 l _ 1		1		1.		7014 1/1 1883				7		. If institu	tion: Res	
MORPHALOR COUNTY			员				_					11	B. CC	JUNIT			
MORPHALOR COUNTY	NEV. 4/ 37		z	ı				OP '	(3)	SHIP only)	ength of stay in 1b	II OR					
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Sparks S		45		+	┰	1		NAME OF DECEASED	First	Mid	ldle	Last	I 4 DATE	Mont	h	Day	Yanı
Male Negro Widnesd Discreted 522 1910 53 Month Day Hours Min. 10. USBALOCCUPATION [Give kind of word done during most of working life, even if retired] Lance 1	- ,	-											OF DEATH	5			
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10		-¦S	1		1	Н	15 (Y	. WAS DECEASED EVER es, ng, or unknown) (If	IN U.S. ARMED FORCES? yes, give war or dates of	I 16. SOCI	AL SECURITY NO.						
IMMEDIATE CAUSE (of Cutte cardiac failure (with infarction probably due to hypertension) 12/2-3 15/2	94201		1		1	L	_	• • •				Mary Spark	as ,	71 79A	Стау	INTER	VAL BETWEEN
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Value Valu	1292-3	2	ĬĘ.			2		which ga	ve rise to)}						+	
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NOT WHILE AT WORK 200. TIME OF HOUT MONTH, Day, Year INJURY OCCURRED 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 200. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 201. I attended the deceased from						H	_				, , , , , , , , , , , , , , , , , , ,	/ / / / / / / / / / / / / / / / / / /		DADT II		1	
TOTIS: Designature Continue of local part	_ a	, i	li				힐	PARI II.	disease condition given i	n PART I (a)	KIBUTING TO DEAT	n but not related to	ino terminai	PARI	there a p	stedusuch	in last 90 days
TOTIS: Designature Continue of local part	71	, I Š				1	₹	•						1	Yes	□ No	☐ Unknown
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Description of the date stated above, and to the best of my knowledge, from the causes stated. 20. Place of Injury (e.g., in or about home, not while at work	7			Ĺ		I	₹	20c. TIME OF Hour	Month, Day, Year								
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(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	00 + 0 - 0 D
Student	_ signed John Junning ham
Signature of Student Embalmer	Licensed Embalmer No. 4476
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

P.O. Address 2405 Marcus Avenue